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2013 OCT 30 AM 11: 33
FEC MAIL CENTER

Committee Name:	FEC TIME
Working Class Georgia	
If registered, FEC ID:	
Today's Date:	
10/23/2013	

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization-Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

Jim Nichols

James Nichols

Tames Nichols

13031134219

FEC FORM 1

STATEMENT OF ORGANIZATION

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2013 OCT 30 AM 11: 33

			UII UII	ice Ose Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5 FE	C MAIL CENTER
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(Check if address is changed)	L	<u> </u>	11111	
	CITYA	<u>9</u> .e	GA 316 STATE ▲	21P CODE A
COMMITTEE'S E-MAIL ADDRE	:SS			
(Check if address is changed)	Optional Second E-Mail Add	1.81.51.61.8101.6191.1.101 dress	B.G.M.G. i.l.	, C101 M 1 1 1 1
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
(Check if address is changed)	, ,	1019:61:A:5:5:6:2:0	rginacu	• IM
2. DATE 1 0 1	3 7 0 1 3			
3. FEC IDENTIFICATION N	UMBER ▶ C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined t	his Statement and to the best	of my knowledge and belief it	is true, correct and	complete.
Type or Print Name of Treasure	Tam: Wicho	/,		
Signature of Treasurer	fm		Date , 0	13 1013
NOTE: Submission of false, error		may subject the person signing to ON SHOULD BE REPORTED W		penalties of 2 U.S.C. §437g.
Office Use		For further information of Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

FE	C For	rm 1 (Revised 02/2009) Page 2	
		OMMITTEE • Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	· · ·	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)	е
Name o Candida			
Candide Party A		Office State on Sought: House Senate President District	
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o			
Party	Con	nmittee:	
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) F	Party.
Politic	al A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	n is a
		Corporation Wo Capital Stock Labor Organization	ion
		Mumbership Organization Trade Association Cooperative	
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	· ·	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or committee. (i.e., nonconnected committee)	party
		In addition, thie committee is a Lobbyitit/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint I	Fund	fraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.	
	Com	mittees Participating in Joint Fundraiser	
	1.		
	1. 2.		•
	3.		
	4.		

FEC Form 1 (Re	vised 02/2009)	Page 3
Write or Type Committee	Name	
Wor	Hing CKII Gergia	
6. Name of Any Conne	cted Organization, Affiliated Committee, Joint Fundralsing Representative, o	r Leadership PAC Sponsor
, , , , , , , , , , , ,		
	<u> </u>	<u> </u>
Mailing Address		
		<u> </u>
	CITY STATE	ZIP CODE
Relationship: Cor	nnected Organization Affiliated Committee Joint Fundraising Representative	ve Leadership PAC Sponso
 Custodian of Record books and records. 	s: Identify by name, address (phone number - optional) and position of the per-	son in possession of committee
Full Name	airqueis indicibio /isi i i i i i i i i i i i i i i i i i	
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	Sition Kidiring Rilling GA	307811-7257
Title or Position	CITY STATE	ZIP CODE
lea i.e.	Telephone number	201-12-12-16-726
	Telephone number 7,7	0-13112-0-1-1310
	me and address (phone number optional) of the treasurer of the committee; a (e.g., assistant treasurer).	nd the name and address of
Full Name of Treasurer	iner Nicholle	
Malling Address	[2,1,7, Tiviriaisitionale Rivied	
		,
	Stockbir in 2 ge 64	[3,0,2,8,1]-[7,2,5,7
Title or Position	CITY STATE	ZIP CODE
Sell'	Telephone number 7,7	701-13:1:21-6:736

Name of Bank, Depository, etc.

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Federal Election Commission

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USPS Registered/Certified	Postmarked (R/C) / か / み 5 - / ()
USPS Priority Mail	Postmarked
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Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
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Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
Snot	10/30/1>
PREPARER (8/2013)	DATE PREPARED